

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL059032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/22/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LAKE JAMES LODGE

63 LAKEVIEW DRIVE
MARION, NC 28752

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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C 000 Initial Comments

Report of Complaint Investigation by Frank Strickland on 04/22/2015:

Information obtained from the DHSR database indicates that this facility was first licensed on 12/16/1995. However, records indicate that the middle section of the facility was first occupied in 1968 (confirmed by an old property tax document dated 09/07/1988), the north wing was occupied in 1971 and the south wing in 1981. Based on this information, we are requiring the (Old Building) to meet the 1967 NC State Building Code requirements for Institutional Occupancy, the 1971 & 77 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, (New Building) to meet the 1978 NC Building Code requirements for Institutional Occupancy. Special Magnetic locking was installed on the Back Hall sometime after 1988 so that portion of the facility has to comply with Section 1012.6 of the 1996 NC State Building Code.

Complaint Items:

- 1-The odor complaint could not be substantiated.
- 2-The Laundry Room window was being supported in the open position by a balled up cotton towel because the window bottom sash was damaged. This item is a deficiency and requires a Plan of Correction.

C 000

CONSTRUCTION SECTION
JUL 03 2015
RECEIVED

We are constantly monitoring for odors.
Window sash was repaired. 7/1/15

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Administrator

(X6) DATE

7/1/15

STATE FORM

NCYP21

If continuation sheet 1 of 1